

GRAIN TEST REQUEST

FARM
Name
Address

Telephone
Fax
Email

Is the sample for a crop insurance Claim? Yes No If so, must be submitted by a person approved by the Insurance Company.

SUBMITTER
Name
Address

Telephone
Fax
Email

Crop Insurance Adjuster Yes No
Other:

BILL TO:
Name
Address

FID/SS #

SAMPLE ID NUMBERS:

Type of grain – complete name (Ex. Soft red winter wheat):

Type of Tests Requested

☐ Test Weight ☐ Moisture
☐ Grade ☐ Mycotoxins Specify type(s):

Circle one: Qualitative Quantitative

Note:

Supplemental testing is authorized for any samples where quantitative is requested YES No

FEES are \$15 per submitted sample, plus \$30.00 per sample for each type of mycotoxin testing

For MDA use only

Date Sample Received:
Date Submitted to State Chemist:
Date results received from State Chemist:
Date certificate sent to Applicant:

Fees: _____ Submitted Sample \$15.00 _____ Mycotoxins \$30.00 TOTAL: _____